

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/682,504	
	Filing Date	October 8, 2003	
	First Named Inventor	John STRISOWER	
	Art Unit	4115	
	Examiner Name	Bob R. Chumpitaz	
Total Number of Pages in This Submission	24	Attorney Docket Number	027742-000110US

ENCLOSURES <i>(Check all that apply)</i>					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<table border="1"> <tr> <td style="width: 100px;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	Townsend and Townsend and Crew LLP				
Signature	/Scott S. Adams/				
Printed name	Scott S. Adams				
Date	December 9, 2008	Reg. No.	63,302		

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I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.			
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